

PLAINTIFFS' EXHIBIT 1



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TD-01619, Rev. 0

TO: DHF 8113
FROM: Joni Creal
DATE: 9/27/2010
SUBJECT: Eclipse Filter Post-Market - Regulatory

Regulatory Filing – Special 510(k) – K093659

US Submission: November 25, 2009
AI Request: December 15, 2009 (Radial Force, Migration Resistance, Tensile)
Clearance: January 14, 2010



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DEC. 15. 2009 12:26PM

NO. 4402 P. 1/3



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room W-066-0609
Silver Spring, MD 20993-0002

DEC 15 2009

Bard Peripheral Vascular, Inc.
c/o Ms. Joni Creal
Regulatory Affairs Associate
1625 West Third Street
Tempe, AZ 85280-1749

Re: K093659
ECLIPSE Filter System – Femoral and Jugular/Subclavian Delivery Kits
Dated: November 23, 2009
Received: November 25, 2009

Dear Ms. Creal:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above. We cannot determine if the device is substantially equivalent to a legally marketed predicate device based solely on the information you provided. To complete the review of your submission, we require the following deficiency to be addressed.

You have completed corrosion resistance testing, cyclic fatigue testing, and arm fatigue testing to validate the electropolishing of your filter. However, it does not appear that radial force testing, migration/clot trapping testing, or filter tensile strength testing has been completed on the modified filter. These tests are considered important as electropolishing the legs and arms will affect their strength. Please either complete the tests noted above or provide a justification for why each of these tests is not necessary.

The deficiency identified above represents the issue that we believe needs to be resolved before our review of your 510(k) submission can be successfully completed. In developing the deficiency, we carefully considered the statutory criteria as defined in Section 513(i) of the Federal Food, Drug, and Cosmetic Act (Act) for determining substantial equivalence of your device.

1625 West 3rd Street • P. O. Box 1740 • Tempe, AZ 85280-1740
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You may not market this device until you have provided adequate information described above and required by 21 CFR 807.87(l), and you have received a letter from FDA allowing you to do so. If you market the device without conforming to these requirements, you will be in violation of the Act. You may, however, distribute this device for investigational purposes to obtain clinical data if needed to establish substantial equivalence. Clinical investigations of this device must be conducted in accordance with the investigational device exemption (IDE) regulations (21 CFR 812).

If the information, or a request for an extension of time, is not received within 30 days, we will consider your premarket notification to be withdrawn and your submission will be deleted from our system. If you submit the requested information after 30 days it will be considered and processed as a new 510(k) (21 CFR 807.87(l)); therefore, all information previously submitted must be resubmitted so that your new 510(k) is complete. For guidance on 510(k) actions, please see our guidance document entitled, "Guidance for Industry and FDA Staff: Interactive Review for Medical Device Submissions: 510(k)s, Original PMAs, PMA Supplements, Original BLAs, and BLA Supplements" at www.fda.gov/cdrb/ode/guidance/1655.html.

If the submitter does submit a written request for an extension, FDA will permit the 510(k) to remain on hold for up to a maximum of 180 days from the date of the additional information request.

The purpose of this document is to assist agency staff and the device industry in understanding how various FDA and industry actions that may be taken on 510(k)s should affect the review clock for purposes of meeting the Medical Device User Fee and Modernization Act. You may review this document at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/MedicalDeviceUserFeeandModernizationActMDUFMA/default.htm>.

The requested information, or a request for an extension of time, should reference your above 510(k) number and should be submitted in duplicate to:

U.S. Food and Drug Administration
Center for Devices and Radiological Health
Document Mail Center – WO66-0609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002



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Page 3 -- Ms. Joni Creal

If you have any questions concerning the contents of the letter, please contact Nelson Anderson at (301) 796-6367. If you need information or assistance concerning the IDE regulations, please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or at (301) 796-7100, or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "KJ Cavanaugh", written over a horizontal line.

Kenneth J. Cavanaugh Jr., Ph.D.
Chief, Peripheral Vascular
Devices Branch
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health



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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
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Silver Spring, MD 20993-0002

JAN 14 2010

Bard Peripheral Vascular, Inc.
c/o Ms. Joni Creal
Regulatory Affairs Associate
1625 West Third Street
Tempe, AZ 85280-1749

Re: K093659

Trade/Device Name: ECLIPSE Filter System, Femoral and Jugular/Subclavian Delivery Kits
Regulation Number: 21 CFR 870.3375
Regulation Name: Cardiovascular intravascular filter
Regulatory Class: Class II (two)
Product Code: DTK
Dated: December 17, 2009
Received: December 18, 2009

Dear Ms. Creal:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Bram D. Zuckerman".

Handwritten initials in black ink, possibly "BZ".

Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure



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Page 1 of 1

ECLIPSE™ Filter System
Special 510(k) Premarket Notification

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Indications for Use510(k) Number (if known): K093659

Device Name: ECLIPSE™ Filter System – Femoral and Jugular/Subclavian Delivery Kits

Indications for Use:

The ECLIPSE™ Filter System – Femoral and Jugular/Subclavian Delivery Kits are indicated for use in the prevention of recurrent pulmonary embolism via permanent placement in the vena cava in the following situations:

- Pulmonary thromboembolism when anticoagulants are contraindicated.
- Failure of anticoagulant therapy for thromboembolic disease.
- Emergency treatment following massive pulmonary embolism where anticipated benefits of conventional therapy are reduced.
- Chronic, recurrent pulmonary embolism where anticoagulant therapy has failed or is contraindicated.
- ECLIPSE™ Filter may be removed according to the instructions supplied under the section labeled: Optional Procedure for Filter Removal.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Dennis R. Williams
(Division Sign-Off)
Division of Cardiovascular Devices

510(k) Number K093659TRADE SECRET/CONFIDENTIAL INFORMATION
Notify CR Bard Before Releasing this Document.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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Silver Spring, MD 20993-0002

Bard Peripheral Vascular, Inc.
c/o Ms. Joni Creal
Regulatory Affairs Associate
1625 West Third Street
Tempe, AZ 85281

AUG 24 2011

Re: K102511

Trade Name: MERIDIAN Filter System -- Jugular/Subclavian Delivery Kit
Regulation Number: 21 CFR 870.3375
Regulation Name: Cardiovascular intravascular filter
Regulatory Class: Class II
Product Code: DTK
Dated: June 27, 2011
Received: June 28, 2011

Dear Ms. Creal:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

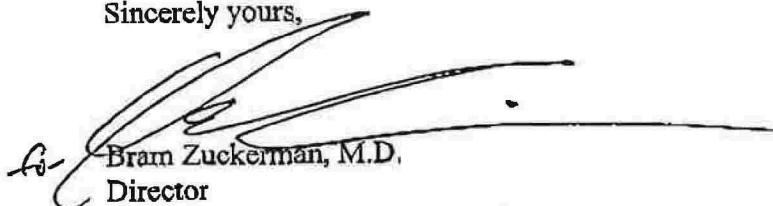
Page 2 -- Ms. Joni Creal

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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Sincerely yours,


Bram Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):

Device Name: MERIDIAN™ Filter System – Jugular/Subclavian Delivery Kits

Indications for Use:

The MERIDIAN™ Filter System – Jugular/Subclavian Delivery Kits are indicated for use in the prevention of recurrent pulmonary embolism via permanent placement in the vena cava in the following situations:

- Pulmonary thromboembolism when anticoagulants are contraindicated.
- Failure of anticoagulant therapy for thromboembolic disease.
- Emergency treatment following massive pulmonary embolism where anticipated benefits of conventional therapy are reduced.
- Chronic, recurrent pulmonary embolism where anticoagulant therapy has failed or is contraindicated.

MERIDIAN™ Filter may be removed according to the instructions supplied under the section labeled: Optional Procedure for Filter Removal.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)
Division of Cardiovascular Devices

510(k) Number K10254

Bard Peripheral Vascular, Inc.